Program Planning Guide
EARLY CHILDHOOD ADMINISTRATION (CERTIFICATE) (C55850)

Student Name: _____ **ID #:** _____ **Date of Enrollment:** _____

Advisor Name: _____ **Contact Information:** _____

A Criminal Background check may be required as a condition of employment in the childhood education field.

Note: Developmental coursework may be required. Please refer to the Developmental Education Guide for additional information.

Early Childhood Administration Certificate (C55850) Course Requirements 16 credit hours:

Courses	Cr.	Recommended Semester	Prerequisites/ Corequisites	Semester Registered/ Planned	Semester Completed/ Grade
EDU 119 Introduction to Early Childhood Education*	4		None		
EDU 131 Child, Family and Community*	3		None		
EDU 153 Health, Safety and Nutrition*	3		None		
EDU 261 Early Childhood Administration I*	3		Pre: None Co: EDU 119		
EDU 262 Early Childhood Administration II*	3		Pre: EDU 119 and EDU 261 Co: None		

NOTES: ***** All courses must be completed with a grade of "C" or better.
** See course catalog for prerequisite and/or corequisite requirements.

Students please read the following and sign below.
I understand that as an RCC student, I am ultimately responsible for my schedule. I understand that I must complete each course with a grade of "C" or better and follow the established course sequence or my ability to graduate on time may be affected.
My advisor has information regarding other colleges and transfer opportunities that I can investigate after completing my degree/diploma/certificate, and I understand that if I would like more information I can schedule an appointment with him/her.

Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____

Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____

Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____

Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____